

## Mt Pleasant Police Department

## Supplementary Report

Incident Report Number 13-020923	Incident Location: 16th St/S Green Bay Rd	Incident Date: 09/03/2013
New Incident:	Original CFS Code - 1: 0440	New CFS Code - 1 : New CFS Code - 2:

**NARRATIVE**

On 9/3/13, at approximately 12:35am, I, Ofc Van Schyndel, heard Ofc Giese, attempt to conduct a traffic stop on 16th St. Ofc Giese requested cover as the vehicle was not stopping and I began to make my way towards his location.

While en route, I heard Ofc Giese call that he had one person detained, however shortly thereafter I could hear a garbled sound, which sounded as if Ofc Giese was struggling with someone. I could not make out what exactly he said, partially due to the quality of the signal, and also due to my emergency lights and siren.

I arrived on scene and observed Ofc Giese standing in the roadway with his electronic control device, which is a taser model X26, drawn and deployed. I could see that the wires were attached to the party who was sitting in front of him in handcuffs. There were several people in front of Ofc Giese's squad car who were agitated and yelling. Ofc Giese requested that I remove them from the scene as they were causing further problems.

I approached the oldest male, who was later identified as JEFFERY KOWALCZUK, who demanded to know who was in charge. I advised him that a sergeant was working and would be responding to the scene momentarily. I then told him that he and his family needed to go back into the residence as they were interfering.

JEFFERY KOWALCZUK was very agitated and was yelling that Ofc Giese had struck his son. I told him that I was not on scene at that time, but clearly someone was in custody and he needed to step away from the scene so that we could control and stabilize the scene. Other officers from Mt Pleasant and Racine Police Department arrived so I left JEFFERY KOWALCZUK with them and walked over to squad 130 where Ofc Giese's in custody party, MICHAEL KOWALCZUK, was placed. While I was walking over to marked squad 130, I could hear JEFFERY KOWALCZUK becoming more and more agitated. I turned around and saw Racine officers detaining JEFFERY because of his aggressive behavior. KOWALCZUK was yelling to Ofc Giese to come back off duty, and that he would fight Ofc Giese. Those officers had JEFFERY KOWALCZUK under control, and I directed his other family members to go back inside as their continued presence and interference was obstructive.

Due to the confusion on the radio, I was not sure that dispatch was aware that the taser had been deployed, and that rescue was needed so I did make them aware. Rescue did respond and MICHAEL KOWALCZUK said he did wish to go to the hospital. I walked him to the ambulance and stayed with him there until rescue was ready to leave. I then followed rescue to the emergency room

Reporting Officer(s): Vanschyndel, Christian G.	Payroll Number: 00316	Payroll Number: 09/03/2013
Reviewed by: Vaccaro, Jason S.	Payroll Number 00297	Copy To:

**Kowalcuk**  
EXHIBIT NO. 6  
5-8-20 RPTR SP  
Open Record, Inc.  
(608) 833-0392

## Continuation

Incident Report Number	Incident Location:	Incident Date:
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without incident.

In the emergency room, once medical staff had taken all of his vitals and had gotten him into his room, Ofc Giese requested that I perform field sobriety tests on MICHAEL KOWALCZUK. Ofc Giese explained that he had reason to believe that KOWALCZUK was operating while intoxicated at the time of the stop. He also told me that due to their physical confrontation, he believed that MICHAEL KOWALCZUK may react negatively to Ofc Giese performing fields, so he requested that I perform them.

Ofc Giese advised me that this would be MICHAEL'S second offense for operating while intoxicated. Later we learned that MICHAEL had not yet been convicted of his first OWI, so this was still a first offense at this point. I did read to him, verbatim, the informing the accused where he did agree to a blood draw.

I then went into MICHAEL KOWALCZUK'S room to conduct the tests.

### HORIZONTAL GAZE NYSTAGMUS TEST

KOWALCZUK was in a c-spine neck collar at the time of all three of these tests. He said he did feel he could complete the tests. I did check his eyes for equal tracking and equal pupil size. He did have equal pupil size, however his left eye seemed to be slightly cross eyed. I then began the test and observed lack of smooth pursuit in both eyes. Onset of nystagmus prior to 45 degrees in both eyes, and distinct nystagmus at maximum deviation in his right eye. In his left eye, his eye would not track all the way out to maximum deviation. KOWALCZUK told me that he could not see over there due to his injury. I asked him how far he could see my finger when I moved it in front of him, and he could see it until about 45 degrees, where I did observe nystagmus. The results of this test was 5 clues, which is a failure.

### ONE LEG STAND TEST

I instructed MICHAEL KOWALCZUK how to stand while I demonstrated the test. After explaining and demonstrating the test I asked KOWALCZUK to begin and he did raise his right foot off of the ground and counted in the correct manner until the count of 1,025, at which point he placed it down and picked it back up. I only observed one clue in this test, which results in a pass.

### WALK AND TURN TEST

I explained and demonstrated the test to KOWALCZUK. He did start the test before I told him to, and on the return steps, the first step he did not walk heel to toe. Those were the two clues I observed for the test, which does result in a failure.

## Continuation

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I relayed the results to Ofc Giese and we agreed that KOWALCZUK would be placed under arrest for operating while intoxicated in addition to his other charges.

I did take photographs of MICHAEL KOWALCZUK'S injuries. He had scrapes on his arms and legs from the road. His most significant injury were some facial fractures around the orbital bone of his left eye. I did take photographs of his injuries with and without scale, and the photos were later downloaded into the DIMS computer at the Mt Pleasant Police evidence room.

Ofc Kelley and I remained at the hospital with KOWALCZUK until he was medically released. Prior to Ofc Kelley transporting KOWALCZUK to the Racine County Jail, I did have him sign a medical release form, authorizing the police department to view his injuries on the medical record.

I have nothing further at this time. Please see other officer's reports for additional information.

Ofc C Van Schyndel #53  
CVS/rv 9/3/13

	<b>Incident Report</b>			
	Incident:			
	Incident Report Number:	Between: Date - Time	And/At: Date-Time	
	Incident Location:			
		Name (Last, First, Middle)	DOB:	Race/Sex
	Address: (Address, City, State, Zip)			Home Phone Number
Employer			Work Phone Number	
Employer Address			Cell Phone Number	
	Name (Last, First, Middle)	DOB:	Race/Sex	
Address: (Address, City, State, Zip)			Home Phone Number	
Employer			Work Phone Number	
Employer Address			Cell Phone Number	

**NAMES**
**Arrested-1**

Kowalczuk, Michael A W/M-25 of 5826 Sunset Bl;MP, Racine, WI, 53406  
 DOB: 03/11/1988 DL: K422-5418-8091-04  
 HT: 510 WT: 135 Hair: Brown  
 Eyes: Green

**Booking#: 13-000735**

Case#	Charge	Description	Ct
13-020923	346.04(2)	Failure to Obey Officer/Sign	1

		Vehicle Information: (Year, Make, Model, Style, Color)				
License Number:	State:	Expiration Year:	Vin:			Insurance Company:
Other Vehicle Information:				NCIC#		
Reporting Officer(s):				Payroll Number:	Payroll Number:	Report Date:
Time Received:	Time Cleared:	Unit(s) Assigned:		Pages:	1 OF 6	
Reviewed by:			Payroll Number	Copy To		

**Continuation**

Incident Report Number	Incident Location:	Incident Date:
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13-020923	940.20(2)	Battery To Officer	1
13-020923	946.41	Obstructing Officer	1
13-020923	946.49(1)(a)	Bail Jumping	1

**Arrested-2**

Kowalcuk, Jeffrey A W/M-55 of 5826 Sunset Bl;MP, Racine,WI,53406  
DOB: 11/12/1957 DL: K4224215741206  
HT: 507 WT: 190 Hair: Brown  
Eyes: Hazel  
Home Phone:(262) 634-7863

**Booking#:** 13-000736

<b>Case#</b>	<b>Charge</b>	<b>Description</b>	<b>Ct</b>
13-020923	946.41	Obstructing Officer	1
13-020923	947.01	Disorderly Conduct	1

**Mentioned-1**

Kowalcuk, Nicholas J W/M-30 of 5826 Sunset Bl;MP, Racine,WI,53406  
DOB: 05/20/1983 DL: K4226308318008

**Mentioned-2**

Kowalcuk, Nancy W/F of 5826 Sunset Bl;MP, Racine,WI,53406

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**NARRATIVE**

On Tuesday, 9/3/13, I, Ofc Giese, was in full uniform, in marked squad 130, on patrol in the Village of Mt Pleasant, Racine County, Wisconsin. At approximately 12:30am, I was westbound on 16th St, approaching Oakes Rd, in which I observed a vehicle make a turn eastbound onto 16th St off of Oakes Rd, in which the vehicle took a rather wide turn, and as he drove past me, he appeared to be accelerating. This garnered my attention to the vehicle, at which point I conducted a u-turn and followed the vehicle. As I was following the vehicle eastbound on 16th St, the speed limit was 35 MPH, I was pacing the vehicle, approximately 5 to 6 car lengths behind, at 40 MPH. I then continued to follow it, and once it passed Emmertsen Rd, the

## Continuation

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speed limit changes to 25 MPH, and the vehicle continued at it's same pace of 40 MPH.

It should be noted that my squad camera was operational and running during this time. It should also be noted that the squad camera and audio was running during the entire time of this incident.

After we passed the 25 MPH speed limit sign, I paced for another driveway, at which point I then activated my lights. As soon as I activated my lights, the vehicle in front of me put it's brakes on, knowing that I was a law enforcement officer and attempting to stop the vehicle. The vehicle had Wisconsin plate, 216MJW. We continued for 2/10 of a mile with just my red and blue lights on. We were approaching Green Bay Rd. He put his blinker on to make a right turn, as we approached the intersection of Green Bay Rd. The light was red, at which point the vehicle did not come to a complete stop, and then took a right, southbound onto Green Bay Rd. At this point, based on my training and experience, the vehicle was not going to stop for my lights, so I activated my siren. The vehicle did list to Sunset Blvd, and knowing that Sunset Blvd was two blocks ahead, I was assuming that this was where this party was going, based on my training and experience that sometimes intoxicated drivers try to make it home before stopping. We continued forward, and the vehicle then turned onto Sunset Blvd, heading back west. The vehicle then came to a stop on Sunset Blvd. While I was following the vehicle, the vehicle followed all of the traffic signs, was going 40 MPH, so it was not increasing speed, and it had it's lights on. At this point we went an additional 2/10 of a mile with the lights and sirens on, for a total distance since I initiated my lights the first time of 4/10 of a mile.

The vehicle did stop, and I did notice the driver side door open up. Again, based on my training and experience, when the driver side door opens, the driver usually attempts to flee and run into their home before police are able to apprehend them. At that point I ordered the driver to get back into the vehicle and show me his hands and I drew my service weapon on the party. The suspect, later identified as MICHAEL KOWALCZUK, complied and showed me his hands, at which point I approached the vehicle, fearing that he would still try to take off, holstered my weapon, placed him in a blanket escort, had KOWALCZUK exit the vehicle and told him to get onto the ground. I told him to get on the ground so he would be unable to run away from me. At this point, he said "what did I do man." Based on the fact that he was not complying with my orders of getting on the ground, I then performed a hug yourself decentralization and directed KOWALCZUK to the ground. While on the ground, he had his hands underneath him, at which point I again told him to get on his stomach and put his hands behind his back. He was flailing on the ground, not complying with my commands, so I was forced to draw my taser, and I ordered him to place his hands behind his back, get on his stomach, or he would be tased. At this point he did

## Continuation

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comply. He got on his stomach, put his hands behind his back, at which point I put my taser back in it's holster and I was able to detain KOWALCZUK.

At that point I advised dispatch that I had one detained and the situation was temporarily under control until my backup officer arrived on scene.

I then observed, from the northwest, two parties approaching. At this point they were approaching and yelling "what is going on." At this point I had to disengage from KOWALCZUK and order them to stay back. At that point, KOWALCZUK then sat up from the ground and got up. While I was giving orders to stay back for the parties later identified as JEFFERY KOWALCZUK and NICHOLAS KOWALCZUK to stay back, I also gave orders for MICHAEL to stay on the ground. At this point, as he was attempting to get up, I then decentralized him and directed him back to the ground so that I could gain control. While I directed him back to the ground, he was on his back, at which point he then kicked me in the abdomen, causing me pain. He then kicked me a second time, this time in the genitalia, again causing pain, and I told him to stay down, at which point he kicked me off of him. Based on his continuous assaultive behavior, and the fact that two other males were approaching, I used a focus strike to the face of KOWALCZUK to impeded his assaultive behavior. I did one focused strike to his face, at which point JEFFERY then rushed at me with closed, clenched fists. I then had to disengage for safety because I feared for my safety that I was out numbered 4 to 1, and that the situation would rapidly deteriorate and I would not be in a position of advantage. At this point I then stood up and drew my taser. KOWALCZUK got up and then approached me in an aggressive manner, at which point he turned his back as I drew my taser and deployed a distance taser deployment successfully onto KOWALCZUK'S back while he was handcuffed. The taser deployment ran for a 5 second cycle, and he landed onto the pavement. Again, both JEFFERY and NICHOLAS were screaming and yelling at me, stating that they were going to "kick my ass," and that "after work I should come on over." At that point we were at a stand off and I told them to stay back, and we were yelling back and forth from the car. At that point MICHAEL was getting up again, continuing to not comply with my commands, so, based on his continuous, active resistance and assaultive behavior, I initiated a second 5 second cycle on the taser to MICHAEL, which was again successful and he again collapsed to the ground. At this time I notified dispatch that the taser was deployed twice and inquired if back up was coming to stabilize the scene since I advised dispatch to have the cover officers "step it up".

Additional officers from the City of Racine and Mt Pleasant arrived to defuse the situation with JEFFERY, NICHOLAS, and NANCY, who was also at the scene screaming and yelling.

## Continuation

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During the initial stop, JEFFERY was detained by City of Racine Police officers, at which point, based on MICHAEL being in custody, I made a determination not to arrest JEFFERY at that time. But in reviewing the squad camera, and the situation of the evening, if it wasn't for JEFFERY and NICHOLAS coming out and creating a scene, the tasering and the assaultive behavior would not have happened, since the scene was temporarily under control before they came out. Based on that, I'm sending a recommendation for charges on JEFFERY KOWALCZUK for obstructing and disorderly conduct.

After officers arrived and stabilized the scene, rescue was also dispatched for MICHAEL. I then had MICHAEL stand up, and I searched him, search incident to arrest, and I then checked his handcuffs for fit and double locked them. I then removed the taser probes and placed them in the back of squad 130. I removed the taser cartridge, placing the taser probes face down, and placed it into the car for evidence. I also gave my taser to Sgt Vaccaro and he gave me a new one for downloading.

Sgt Vaccaro also arrived on scene to speak with the father of JEFFERY because he requested to speak with a supervisor regarding his police brutality claim against his son.

MICHAEL was then transported to St Mary's Medical Center by South Shore ambulance. While speaking with MICHAEL, he had an odor of intoxicants emanating from his body, his eyes were blood shot and glassy, and I asked him if he had anything to drink, and he stated that he did have a couple of beers. I then searched his vehicle, search incident to arrest, and nothing significant was found.

Based on the fact that there was no other significant value to the vehicle, the vehicle was left, parked legally on the road.

I then made my way to the hospital, in which Ofc Van Schyndel conducted the OWI portion of the arrest on MICHAEL. See Ofc Van Schyndel's initial report. Initially we thought that this was his second offense OWI, but we were looking at NICHOLAS' record. This was determined to be MICHAEL'S first OWI.

I then filled out the following citations for MICHAEL:  
Q859581-2 for resisting/failing to stop/fleeing, state statute 346.04(2t)  
Q859580-1 for exceeding speeds in zone (11-15 MPH), state statute 346.57(5)  
Q859579-0 for OWI 1st offense, state statute 346.63(1)(a)

In looking at CCAPS, MICHAEL was out on bond for Racine case 2013CM001594 for disorderly conduct and a pending OWI, Racine County court case 2013TR012985 & 86.

## Continuation

Incident Report Number	Incident Location:	Incident Date:
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I filled out a DA rec form for MICHAEL, issuing him felony arrest number 13C20923-01a for battery to law enforcement officer, based on the fact that he kicked me twice, causing me pain, during the scuffle and altercation, violation of state statute 940.20(2).

Misdemeanor arrest number 13C20923-01b for resisting, for failing to follow my commands, as I had to decentralize him twice and taze him, violation of state statute 946.41.

Misdemeanor arrest number Q859581-2 for failure to stop/flee, for the not stopping for my lights and sirens for 4/10 of a mile, violation of state statute 346.04(2t).

Misdemeanor arrest number 13C20923-01d for bail jumping for the open Racine County case, violation of state statute 946.49(1)(a).

Ofc Van Schyndel also took pictures, see his supplemental report to this case.

I also filled out a DA form for JEFFERY KOWALCZUK. I issued him misdemeanor arrest number 13D20923-01a for obstructing, state statute 946.41, and misdemeanor arrest number 13D20923-01b for disorderly conduct, violation of state statute 947.01, based on the fact that he created a large disturbance in the neighborhood with a number of police departments, and also Ofc Nick Contreras from the Racine Police Department was called by the neighbors to come out. It should be noted that Contreras was not on duty at the time.

MICHAEL was held on all charges and turned over to the Racine County Jail after he was medically cleared at the hospital.

I then took the legal blood kit from MICHAEL and placed it into evidence in the Mt Pleasant Police Department evidence processing refrigerator, and also placed the taser cartridge that was spent into evidence per policy.

This case should be cleared by arrest, nothing further.

Ofc E Giese #57  
EG/rv 9/3/13

## Supplementary Report

Incident Report Number	Incident Location:	Incident Date:
New Incident:		

### NARRATIVE

On 09/03/2013 this writer, A.Yust (Evidence / Property Custodian) retrieved the sealed Wisconsin Implied Consent blood kit from the secure evidence room refrigerator. After which the kit was prepared per procedure for mailing to the Wisconsin State Lab of Hygiene in Madison for analysis. The kit was later taken to the West Racine Post Office for mailing. Nothing further.

Reporting Officer(s):	Payroll Number:	Payroll Number:	Report Date:
Reviewed by:	Payroll Number	Copy To:	1 of 1

## Supplementary Report

Incident Report Number	Incident Location:	Incident Date:
New Incident:		

### NARRATIVE

On 9/3/13 at 2pm, I was handed the legal blood kit at shift change. I transported it to the west Racine Post Office where it was turned over.

Ofc. P. Albers 58

Reporting Officer(s):	Payroll Number:	Payroll Number:	Report Date:
Reviewed by:	Payroll Number	Copy To:	1 of 1

## Supplementary Report

Incident Report Number	Incident Location:	Incident Date:
New Incident:		

### **NARRATIVE**

On Sunday, September 15th 2013 I, OFC GIESE, received a lab report from WSLH with KOWALCZUK's blood results from his legal blood draw. The reported value was 0.106 g / 100mL of EtOH. Based on this result I issued KOWALCZUK citation S615938-1 for Operating with a PAC (1st), SS 346.63 (1)(b). I also filled out a form letter informing KOWALCZUK of his citation and court procedure, a copy was made of the letter. I also filled out the Administrative Review request and then mailed KOWALCZUK his citation, Administrative review and form letter.

This case is clear.

Forward to DA for blood results since if convicted on his first OWI on June 30th from WSP this will turn into his second.

OFC GIESE  
#57

Reporting Officer(s):		Payroll Number:	Payroll Number:	Report Date:
Reviewed by:	Payroll Number	Copy To:		

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## Supplementary Report

Incident Report Number	Incident Location:	Incident Date:
New Incident:		

### **NARRATIVE**

On 10/17/2013 this writer, A.Yust (Evidence / Property Custodian) completed the request of ADA Rebecca Sommers. Her request was that if there was video for the squad that Off. Chris Vanschnydel was driving the night of the incident, and if there was squad video. Off. Vanschnydel was driving sq# 133, which had no active camera at time of incident. She also authorized copy of video (**PR# 13-1441-01**) for Attorney Patrick Cafferty, this being Off. Eric Giese's sq# 130. A copy was made and sent to records for pick up, also an e-mail was sent to Attorney Cafferty advising such. All e-mails were scanned into the attachment tab of complaint. Nothing further.

Reporting Officer(s):		Payroll Number:	Payroll Number:	Report Date:
Reviewed by:	Payroll Number	Copy To:		

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## Supplementary Report

Incident Report Number	Incident Location:	Incident Date:
New Incident:		

### **NARRATIVE**

On 05/29/2014 this writer, A.Yust (Evidence / Property Custodian) completed the request of ADA Rebecca Sommers. Her request was for copies of photos, squad video and any radio traffic for this complaint. She also authorized the same for Attorney Patrick Cafferty upon his request. Two (2) copies were made of the photos from the DIMS system. I also made two (2) copies of the squad video (**PR# 13-1441-01**). I did check for the any radio traffic that may have been inventoried, of which was none. ADA Sommers copies were sent to her office, and Attorney Cafferty's were sent to records for his pick up. I did send an email to Attorney Cafferty and advised him of such. All emails were scanned into the attachment tab of this complaint. Nothing further.

Reporting Officer(s):		Payroll Number:	Payroll Number:	Report Date:
Reviewed by:	Payroll Number	Copy To:		

1 of 1

## Supplementary Report

Incident Report Number	Incident Location:	Incident Date:
New Incident:		

### NARRATIVE

On 06/06/2014 this writer, A.Yust (Evidence / Property Custodian) completed the request from ADA Matthew Hastings. His request was for a copy of a squad video, which was inventoried under PR# 13-1441-01. Copy on CD disc was sent to his office. Email and the Additional Info Request sheet were scanned into the attachment tab of this complaint. Nothing further.

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Reporting Officer(s):	Payroll Number:	Payroll Number:	Report Date:
Reviewed by:	Payroll Number	Copy To:	1 of 1

**You Are Notified to Appear****Appearance Required:****YES****Date****OCT-02-2013****Time****05:00 PM**

MOUNT PLEASANT VILLAGE MUNICIPAL COURT  
8811 CAMPUS DRIVE  
MOUNT PLEASANT, WI 53406

**Form No. and Version CTL CITATION NO.**

MV4017

0901

Q859579

0

**Estimated Points DEPOSIT****Cash - Card**

6 \$864.00 N N

**Court Use**DA  
N**Defendant** (Last Name, First, Middle), Street Address, P.O. Box, City, State, Zip

Birth Date

03/11/1988

Sex

Race

KOWALCZUK, MICHAEL A

5826 SUNSET BLVD

Telephone Number

HT

WT

RACINE, WI 53406

lbs

Hair

Eyes

510

BRO

GRN

N

Driver License/Identification Card Number

State

Exp. Yr.

OPERATING AS:

K4225418809104

WI

2015

DRIVER

License Plate Number

Plate Type

State

Exp. Yr.

Vehicle Class

Vehicle Endorsements

216MJW

AUT

WI

2014

D

Vehicle Identification Number

US DOT No.

Hazmat No.

Holds CDL

CDL Waiver

1FALP52U1VG312547

N

Vehicle Year

Make

Type

Color

1997

FORD

4D

GRN

**Plaintiff**

VILLAGE OF MOUNT PLEASANT

Ordinance Violated

Adopting State Statute

78-1

346.63 (1) (a)

Violation Description  
OPERATING WHILE UNDER THE INFLUENCE

BAC

Overweight

Agency Space

Week Day

Date

Time

Actual Speed

Legal

Over

TUESDAY

SEP-03-2013

12:58 AM

County

City/Village/Town

RACINE - 51

MOUNT PLEASANT - 60, VILLAGE

ON Hwy No. and/or Street Name

Estimate Distance

16TH ST

From/AT Hwy No. and/or Street Name

GPS Coordinates

Minor Passenger

N

Officer Name

OFCR ERIC GIESE

Zone: RR - Utility - School - Const

N

N

N

N

Accident Severity

Officer ID

Department

00353 MOUNT PLEASANT POLICE DEPT

Date Citation Served,

SEP-03-2013

Method

IN PERSON

**POLICE RECORD**

Police # 13-20923

Lanes

Road Condition

2

DRY

Traffic

L - LIGHT

Light Condition

DARK-NOT-LIGHTED

Highway

NOT-PHISICALLY-DIVIDED- (2-WAY TRAFFIC)

Weather Condition

CLEAR

SEE REPORT

T331 9/2001 WDOT  
s345.11 Wis. Stats**WISCONSIN UNIFORM CITATION**

You Are Notified to Appear

Appearance Required:  NO

Date

OCT-02-2013

Time

05:00 PM

MOUNT PLEASANT VILLAGE MUNICIPAL COURT  
8811 CAMPUS DRIVE  
MOUNT PLEASANT, WI 53406

Form No. and Version CTL CITATION NO.

MV4017

0901

Q859580

1

Estimated Points DEPOSIT Cash - Card

4 \$114.00 N N

Court Use DA  
N

Defendant (Last Name, First, Middle), Street Address, P.O. Box, City, State, Zip

Birth Date

03/11/1988

Sex

M

Race

W

KOWALCZUK, MICHAEL A

5826 SUNSET BLVD

Telephone Number

HT

WT

Hair

Eyes

RACINE, WI 53406

510

135 lbs

BRO

GRN

Driver License/Identification Card Number

State

Exp. Yr.

OPERATING AS:

K4225418809104

WI

2015

DRIVER

License Plate Number

Plate Type

State

Exp. Yr.

Vehicle Class

Vehicle Endorsements

216MJW

AUT

WI

2014

D

Vehicle Identification Number

US DOT No.

Hazmat No.

Holds CDL

CDL Waiver

1FALP52U1VG312547

Vehicle Year

Make

Type

Color

1997

FORD

4D

GRN

Plaintiff

Ordinance Violated

Adopting State Statute

VILLAGE OF MOUNT PLEASANT

78-1

346.57 (5)

Violation Description

EXCEEDING SPEED ZONES, ETC. (11-15 MPH)

BAC

Overweight

Agency Space

13-20923

Week Day

Date

Time

Actual Speed

Legal

Over

TUESDAY

SEP-03-2013

12:58 AM

40

25

15

County

City/Village/Town

RACINE - 51

MOUNT PLEASANT - 60, VILLAGE

ON Hwy No. and/or Street Name

Estimate Distance

16TH ST

From/AT Hwy No. and/or Street Name

GPS Coordinates

Minor Passenger

N

Officer Name

OFCR ERIC GIESE

Zone: RR - Utility - School - Const

N N N N

Accident Severity

Officer ID

Department

00353

MOUNT PLEASANT POLICE DEPT

Date Citation Served,

SEP-03-2013

Method

IN PERSON

#### POLICE RECORD

Police # 13-20923

Lanes

Road Condition

Traffic

Light Condition

2

DRY

L - LIGHT

DARK-NOT-LIGHTED

Highway

NOT-PHISICALLY-DIVIDED- (2-WAY TRAFFIC)

Weather Condition

CLEAR

SEE REPORT



T331 9/2001 WDOT  
s345.11 Wis. Stats

#### WISCONSIN UNIFORM CITATION

**You Are Notified to Appear****Appearance Required:** YES**Date**

OCT-10-2013

**Time**

02:30 PM

RACINE COUNTY CIRCUIT COURT  
717 WISCONSIN AVE  
RACINE, WI 53403

**Form No. and Version CTL CITATION NO.**

MV4017

0901

Q859581

2

**Estimated Points DEPOSIT** **Cash - Card**

6	\$500.00	N	N
Court Use		DA	I

**Defendant** (Last Name, First, Middle), Street Address, P.O. Box, City, State, Zip

Birth Date

03/11/1988

Sex

Race

KOWALCZUK, MICHAEL A

5826 SUNSET BLVD

Telephone Number

HT

WT

RACINE, WI 53406

lbs

Hair

Eyes

510

BRO

GRN

I

Driver License/Identification Card Number	State	Exp. Yr.	OPERATING AS:	
K4225418809104	WI	2015	DRIVER	
License Plate Number	Plate Type	State	Exp. Yr.	Vehicle Class
216MJW	AUT	WI	2014	D
Vehicle Identification Number	US DOT No.	Hazmat No.	Holds CDL	Vehicle Endorsements
1FALP52U1VG312547				CDL Waiver
Vehicle Year	Make	Type	Color	
1997	FORD	4D	GRN	

**Plaintiff**

STATE OF WISCONSIN

Ordinance Violated

Adopting State Statute

346.04 (2t)

Violation Description  
RESISTING/FAILING TO STOP/FLEEING

BAC

Overweight

Agency Space

13-20923

Week Day	Date	Time	Actual Speed	Legal	Over	
TUESDAY	SEP-03-2013	12:58 AM				
County		City/Village/Town				
RACINE - 51		MOUNT PLEASANT - 60, VILLAGE				
ON Hwy No. and/or Street Name				Estimate Distance		
16TH ST						
From/AT Hwy No. and/or Street Name				GPS Coordinates		
GREEN BAY RD S					Minor Passenger	
					N	

Officer Name  
OFCR ERIC GIESE

Zone: RR - Utility - School - Const Accident Severity

N

N

N

N

Officer ID Department  
00353 MOUNT PLEASANT POLICE DEPTDate Citation Served,  
SEP-03-2013Method  
IN PERSON**POLICE RECORD**

Police # 13-20923

Lanes Road Condition  
2 DRY

Traffic	Light Condition
L - LIGHT	DARK-NOT-LIGHTED
Weather Condition	
CLEAR	

Highway  
NOT-PHISICALLY-DIVIDED- (2-WAY TRAFFIC)

SEE REPORT

T331 9/2001 WDOT  
s345.11 Wis. Stats**WISCONSIN UNIFORM CITATION**

**You Are Notified to Appear****Appearance Required:****YES****Date****OCT-02-2013****Time****05:00 PM**

MOUNT PLEASANT VILLAGE MUNICIPAL COURT  
8811 CAMPUS DRIVE  
MOUNT PLEASANT, WI 53406

**Form No. and Version CTL CITATION NO.**

MV4017

0901

S615938

1

**Estimated Points DEPOSIT****Cash - Card**

6 \$0.00 N N

**Court Use**DA  
N**Defendant** (Last Name, First, Middle), Street Address, P.O. Box, City, State, Zip

Birth Date

03/11/1988

Sex

Race

KOWALCZUK, MICHAEL A

5826 SUNSET BLVD

Telephone Number

HT

WT

RACINE, WI 53406

lbs

Hair

Eyes

510

BRO

GRN

N

Driver License/Identification Card Number

State

Exp. Yr.

OPERATING AS:

K4225418809104

WI

2015

DRIVER

License Plate Number

Plate Type

State

Exp. Yr.

Vehicle Class

Vehicle Endorsements

216MJW

AUT

WI

2014

D

Vehicle Identification Number

US DOT No.

Hazmat No.

Holds CDL

CDL Waiver

1FALP52U1VG312547

N

Vehicle Year

Make

Type

Color

1997

FORD

4D

GRN

**Plaintiff**

VILLAGE OF MOUNT PLEASANT

Ordinance Violated

Adopting State Statute

78-1

346.63 (1) (b)

**Violation Description**

OPERATING W/PAC (1ST)

BAC

Overweight

10

Agency Space

Week Day

Date

Time

Actual Speed

Legal

Over

SUNDAY

SEP-15-2013

10:21 PM

County

City/Village/Town

RACINE - 51

MOUNT PLEASANT - 60, VILLAGE

ON Hwy No. and/or Street Name

Estimate Distance

16TH ST

From/AT Hwy No. and/or Street Name

GPS Coordinates

Minor Passenger

Officer Name

OFCR ERIC GIESE

Zone: RR - Utility - School - Const

N

N

N

N

Accident Severity

Officer ID

Department

00353 MOUNT PLEASANT POLICE DEPT

Date Citation Served,

SEP-15-2013

Method

MAILED

**POLICE RECORD**

Police # 13-20923

Lanes

Road Condition

2

DRY

Traffic

L - LIGHT

Light Condition

Highway

NOT-PHISICALLY-DIVIDED- (2-WAY TRAFFIC)

Weather Condition

CLEAR

DARK-NOT-LIGHTED

SEE REPORT

T331 9/2001 WDOT  
s345.11 Wis. Stats**WISCONSIN UNIFORM CITATION**

Village of Mount Pleasant  
Receipt Summary

06/02/2014 3:55 PM  
Page 1

RECEIPT		CHANGE					
Receipt:	7270	Receipt Date:	06/02/2014				
Method:	CASH	Entered:	06/02/2014 3:54 PM				
Authorization:		Type:	CASH				
Register:	3 - MPPDCRT001	Expiration:	Reference #:				
Cashier:	Bill	Status:	Applied:				
Notes:	Change: \$3.00 -	Change:	932.00				
Item	Full Name	Item Description	Tax	Cost	Qty	Due	Applied

CT	Michael Kowalcuk	Q859579-0	N	932.00	0	932.00	932.00
Address: 5826 Sunset Blvd Racine, WI 53406							
			932.00	0	932.00	932.00	932.00

Thank you.

Village of Mount Pleasant  
Receipt Summary

06/02/2014 3:55 PM  
Page 1

RECEIPT						CHANGE			
Receipt:	7270	Receipt Date:	06/02/2014	Entered:	06/02/2014 3:54 PM	Tendered:	935.00		
Method:	CASH	Type:	CASH	Reference #:		Applied:	932.00		
Authorization:		Expiration:				Change:	3.00		
Register:	3 - MPPDCRT001	Cashier:	Bill			Status:	RLSE		
Notes:	Change: \$3.00 -								
Item	Full Name	Item Description		Tax	Cost	Qty	Due	Applied	
CIT	Michael Kowalcuk	Q859579-0	N	932.00	0	0	932.00	932.00	
Address: 5826 Sunset Blvd Racine, WI 53406						<b>932.00</b>	<b>932.00</b>	<b>932.00</b>	

Thank you.

**You Are Notified to Appear**

Date OCT-02-2013

Time 05:00 PM

Appearance Required: **YES**  
**MOUNT PLEASANT VILLAGE MUNICIPAL COURT**  
**8811 CAMPUS DRIVE**  
**MOUNT PLEASANT, WI 53406**

Form No. and Version CTL CITATION NO.

MV4017 0901

Q859579

0

Estimated Points DEPOSIT

Cash - Card

6 \$864.00 N N  
Court Use**Defendant (Last Name, First, Middle), Street Address, P.O. Box, City, State, Zip****Birth Date****Sex****Race****KOWALCZUK, MICHAEL A**

3/11/1988

M

W

**5826 SUNSET BLVD**  
**RACINE, WI 53406****Telephone Number****HT****WT****Hair****Eyes**

510

135 lbs

BRO

GRN

**Driver License/Identification Card Number****State****Exp. Yr.****OPERATING AS:**

K4225418809104

WI

2015

DRIVER

**License Plate Number****Plate Type****State****Exp. Yr.****Vehicle Class****Vehicle Endorsements**

216MJW

AUT

WI

2014

D

**Vehicle Identification Number****US DOT No.****Hazmat No.****Holds CDL****CDL Waiver**

1FALP52U1VG312547

N

**Vehicle Year****Make****Type****Color**

1997

FORD

4D

GRN

**Plaintiff****Ordinance Violated****Adopting State Statute**

VILLAGE OF MOUNT PLEASANT

78-1

346.63(1)(a)

**Violation Description**

OPERATING WHILE UNDER THE INFLUENCE

**BAC****Overweight**

Agency Space

13-20923

**Week Day****Date****Time****Actual Speed****Legal****Over**

TUESDAY

SEP-03-2013

12:58 AM

**County****City/Village/Town**

RACINE - 51

MOUNT PLEASANT - 60, VILLAGE

**ON Hwy No. and/or Street Name****Estimate Distance**

16TH ST

**From/AT Hwy No. and/or Street Name****GPS Coordinates**

GREEN BAY RD S

Minor Passenger

N

**Officer Name**

OFCR ERIC GIESE

**Zone: RR - Utility - School - Const**

N

N

N

N

**Accident Severity****Officer ID****Department**

00353 MOUNT PLEASANT POLICE DEPT

**Date Citation Served,**

SEP-03-2013

**Method**

IN PERSON

**Adjudicating Court****REPORT OF COURT DISPOSITION****Adjudicating Court Code****Adjudication Date****Judge Code****Amended Charge and Description****Speed amended to:****Adjudication:****Plea****Describe other Disposition/Comments****Vacate refusal**T331 9/2001 WDOT  
s345.11 Wis. Statsreplicated copy of issued  
**WISCONSIN UNIFORM CITATION**If you have a disability and need help in court,  
please contact the above Clerk of Court's office.





**You Are Notified to Appear****Appearance Required:**  **YES****Date**  
**OCT-10-2013****Time**  
**02:30 PM****Form No. and Version** CTL **CITATION NO.**  
**MV4017** **0901** **Q859581** **2**

**RACINE COUNTY CIRCUIT COURT**  
**717 WISCONSIN AVE**  
**RACINE, WI 53403**

**Estimated Points DEPOSIT** **Cash - Card****6** **\$500.00** **N** **N****Court Use****Defendant (Last Name, First, Middle), Street Address, P.O. Box, City, State, Zip****Birth Date****Sex****Race****KOWALCZUK, MICHAEL A****3/11/1988****M****W**

**5826 SUNSET BLVD**  
**RACINE, WI 53406**

**Telephone Number****HT****WT****Hair****Eyes****510****135 lbs****BRO****GRN****Driver License/Identification Card Number****State****Exp. Yr.****OPERATING AS:****K4225418809104****WI****2015****DRIVER****License Plate Number****Plate Type****State****Exp. Yr.****Vehicle Endorsements****216MJW****AUT****WI****2014****D****Vehicle Identification Number****US DOT No.****Hazmat No.****CDL Waiver****1FALP52U1VG312547****Vehicle Year****Make****Type****Color****1997****FORD****4D****GRN****Plaintiff****Ordinance Violated****Adopting State Statute****STATE OF WISCONSIN****346.04 (2t)****Violation Description****RESISTING/FAILING TO STOP/FLEEING****BAC****Overweight****Agency Space****13-20923****Week Day****Date****Time****Actual Speed****Legal****Over****TUESDAY****SEP-03-2013 12:58 AM****County****City/Village/Town****RACINE - 51****MOUNT PLEASANT - 60, VILLAGE****ON Hwy No. and/or Street Name****Estimate Distance****16TH ST****From/AT Hwy No. and/or Street Name****GPS Coordinates****GREEN BAY RD S****Minor Passenger****N****Officer Name****OFCR ERIC GIESE****Zone: RR - Utility - School - Const****Accident Severity****N****N****N****N****Officer ID** **Department** **Date Citation Served,** **Method**  
**00353** **MOUNT PLEASANT POLICE DEPT** **SEP-03-2013** **IN PERSON****Adjudicating Court****REPORT OF COURT DISPOSITION****Adjudicating Court Code****Adjudication Date****Judge Code****Amended Charge and Description****Speed amended to:****Adjudication:****Plea****Describe other Disposition/Comments****Vacate refusal**

**T331 9/2001 WDOT**  
**s345.11 Wis. Stats**

replicated copy of issued  
**WISCONSIN UNIFORM CITATION**

If you have a disability and need help in court,  
 please contact the above Clerk of Court's office.

**You Are Notified to Appear**

Date OCT-10-2013

Time 02:30 PM

**Appearance Required:**  YESRACINE COUNTY CIRCUIT COURT  
717 WISCONSIN AVE  
RACINE, WI 53403

Form No. and Version CTL CITATION NO.

MV4017 0901

Q859581

2

Estimated Points DEPOSIT

Cash - Card

Court Use

DA

Y

**Defendant (Last Name, First, Middle), Street Address, P.O. Box, City, State, Zip**

Birth Date

Sex

Race

KOWALCZUK, MICHAEL A

3/11/1988

M

W

5826 SUNSET BLVD  
RACINE, WI 53406

Telephone Number

HT

WT

Hair

Eyes

510

135 lbs

BRO

GRN

Driver License/Identification Card Number

State

Exp. Yr.

OPERATING AS:

K4225418809104

WI

2015

DRIVER

License Plate Number

Plate Type

State

Exp. Yr.

Vehicle Class

216MJW

AUT

WI

2014

D

Vehicle Endorsements

Vehicle Identification Number

US DOT No.

Hazmat No.

Holds CDL

CDL Waiver

1FALP52U1VG312547

Vehicle Year

Make

Type

Color

1997

FORD

4D

GRN

**Plaintiff**

Ordinance Violated

Adopting State Statute

STATE OF WISCONSIN

346.04 (2t)

**Violation Description**

RESISTING/FAILING TO STOP/FLEEING

BAC

Overweight

Agency Space

Week Day

Date

Time

Actual Speed

Legal

Over

13-20923

TUESDAY

SEP-03-2013

12:58 AM

County

City/Village/Town

RACINE - 51

MOUNT PLEASANT - 60, VILLAGE

ON Hwy No. and/or Street Name

Estimate Distance

16TH ST

From/AT Hwy No. and/or Street Name

GPS Coordinates

GREEN BAY RD S

Minor Passenger

N

Officer Name

OFCR ERIC GIESE

Zone: RR - Utility - School - Const Accident Severity

N

N

N

N

Officer ID

Department

00353

MOUNT PLEASANT POLICE DEPT

Date Citation Served,

SEP-03-2013

Method

IN PERSON

**POLICE RECORD**

Police # 13-20923

Lanes

Road Condition

2

DRY

Highway

NOT-PHYSICALLY-DIVIDED- (2-WAY TRAFFIC)

Traffic

L - LIGHT

Light Condition

DARK-NOT-LIGHTED

Weather Condition

CLEAR

SEE REPORT

T331 9/2001 WDOT  
s345.11 Wis. Stats**WISCONSIN UNIFORM CITATION**

# NOTICE OF INTENT TO SUSPEND OPERATING PRIVILEGE

Wisconsin Department of Transportation

MV3519 3/2011

NOTICE DATE

9-18-13

## IN THE MATTER OF THE SUSPENSION OF:

Driver Name - Last, First, Middle Initial <i>Kowalcuk, Michael A</i>	Driver License No. <i>K42254 8809104</i>	State of Issuance <i>WI</i>
Address <i>5826 Sunset Blvd</i>	Birth Date <i>3-11-84</i>	Sex <i>M</i>
City <i>Racine</i>	State <i>WI</i>	ZIP Code <i>53406</i>

CITATION NUMBER <i>Q 859579-0</i>	STATUTE NUMBER <i>s. 346.63(1)(a)</i>	DATE OF VIOLATION <i>9-3-13</i>	TIME OF VIOLATION <i>0035</i>	Police Number: <i>13-00903</i>	
<i>SL615938-1</i>	<i>s. 346.63(1)(b)</i>	County Where Violation Occurred <i>Racine</i>			
<i>/</i>	<i>s. 346.63(1)(am)</i>	Operating Commercial Motor Vehicle at Time of Violation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Transporting Hazardous Materials <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<i>/</i>	<i>s. 346.63(2)(a)1</i>	This Notice (MV3519) Issued <input type="checkbox"/> In person <input checked="" type="checkbox"/> Mailed	MV3530 Issued <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<i>/</i>	<i>s. 346.63(2)(a)2</i>	Check if Criminal Complaint Issued: <input checked="" type="checkbox"/>			
<i>/</i>	<i>s. 346.63(2)(a)3</i>	<i>MT Pleasant</i> <i>S160</i>			
<i>/</i>	<i>s. 940.09(1)(a)</i>	(Arresting Agency)			
<i>/</i>	<i>s. 940.09(1)(b)</i>	<i>C. Grys</i> <i>57</i>			
<i>/</i>	<i>s. 940.25(1)(a)</i>	(Officer)			
<i>/</i>	<i>s. 940.25(1)(b)</i>	(Badge Number)			

On the above date you submitted to chemical testing administered in accordance with s.343.305 Wis. Stats. The test result indicated a prohibited alcohol concentration or a detectable amount of restricted controlled substance. Your operating privilege will be administratively suspended for six months. You have a right to obtain administrative and judicial review of the suspension under the provisions of s.343.305(8) Wis. Stats.

Thirty (30) days from the Notice Date listed in the box above your operating privilege will be suspended and a formal Order of Suspension will be mailed to you by the Department of Transportation.

Within 10 days after this notification or within 13 days if this notice was mailed to you, you may request, in writing, that the suspension be reviewed. If such a request is made a review shall be held within 30 days of this notice. You may present evidence and you may be represented by counsel at the review.

Arresting Agency submit white copy to:  
**DMV Driver Services**  
**Wisconsin Dept. of Transportation**  
**PO Box 7930**  
**Madison, WI 53707-7930**

Date DOT Received

Distribution: Yellow - Driver; Pink - Driver; White - Review Examiner; Green - Law Enforcement

# NOTICE OF INTENT TO SUSPEND OPERATING PRIVILEGE

Wisconsin Department of Transportation

MV3519 3/2011

NOTICE DATE

9.15.13

## IN THE MATTER OF THE SUSPENSION OF:

Driver Name - Last, First, Middle Initial <i>Kowalcuk, Michael A</i>	Driver License No. <i>K4225418809104</i>	State of Issuance <i>WI</i>
Address <i>5826 Sunset Blvd</i>	Birth Date <i>3-11-88</i>	Sex <i>M</i>
City <i>Racine</i>	State <i>WI</i>	ZIP Code <i>53406</i>

CITATION NUMBER <i>Q 859579-6</i>	STATUTE NUMBER <i>s. 346.63(1)(a)</i>	DATE OF VIOLATION <i>9-3-13</i>	TIME OF VIOLATION <i>0038</i>	Police Number: <i>13-00923</i>	
<i>S615938-1</i>	<i>s. 346.63(1)(b)</i>	County Where Violation Occurred <i>Racine</i>			
	<i>s. 346.63(1)(am)</i>	Operating Commercial Motor Vehicle at Time of Violation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Transporting Hazardous Materials <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	<i>s. 346.63(2)(a)1</i>	This Notice (MV3519) Issued <input type="checkbox"/> In person <input checked="" type="checkbox"/> Mailed	MV3530 Issued <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	<i>s. 346.63(2)(a)2</i>	Check if Criminal Complaint Issued: <input type="checkbox"/>			
	<i>s. 346.63(2)(a)3</i>	<i>MT Pleasant</i>			
	<i>s. 940.09(1)(a)</i>	<i>5160</i>			
	<i>s. 940.09(1)(b)</i>	<i>E. Giese</i>			
	<i>s. 940.25(1)(a)</i>	<i>57</i>			
	<i>s. 940.25(1)(b)</i>	(Officer) (Badge Number)			

On the above date you submitted to chemical testing administered in accordance with s.343.305 Wis. Stats. The test result indicated a prohibited alcohol concentration or a detectable amount of restricted controlled substance. Your operating privilege will be administratively suspended for six months. You have a right to obtain administrative and judicial review of the suspension under the provisions of s.343.305(8) Wis. Stats.

Thirty (30) days from the Notice Date listed in the box above your operating privilege will be suspended and a formal Order of Suspension will be mailed to you by the Department of Transportation.

Within 10 days after this notification or within 13 days if this notice was mailed to you, you may request, in writing, that the suspension be reviewed. If such a request is made a review shall be held within 30 days of this notice. You may present evidence and you may be represented by counsel at the review.

Arresting Agency submit white copy to:  
**DMV Driver Services**  
**Wisconsin Dept. of Transportation**  
**PO Box 7930**  
**Madison, WI 53707-7930**

Date DOT Received

# INFORMING THE ACCUSED

SP4197 4/2010-2 s.343.305(4) Wis. Stats.

Wisconsin Department of Transportation

Police Number

13-20923

Under Wisconsin's Implied Consent Law, I am required to read this notice to you:

You have either been arrested for an offense that involves driving or operating a motor vehicle while under the influence of alcohol or drugs, or both, or you are the operator of a vehicle that was involved in an accident that caused the death of, great bodily harm to, or substantial bodily harm to a person, or you are suspected of driving or being on duty time with respect to a commercial motor vehicle after consuming an intoxicating beverage.

This law enforcement agency now wants to test one or more samples of your breath, blood or urine to determine the concentration of alcohol or drugs in your system. If any test shows more alcohol in your system than the law permits while driving, your operating privilege will be suspended. If you refuse to take any test that this agency requests, your operating privilege will be revoked and you will be subject to other penalties. The test results or the fact that you refused testing can be used against you in court.

If you take all the requested tests, you may choose to take further tests. You may take the alternative test that this law enforcement agency provides free of charge. You also may have a test conducted by a qualified person of your choice at your expense. You, however, will have to make your own arrangements for that test.

If you have a commercial driver license or were operating a commercial motor vehicle, other consequences may result from positive test results or from refusing testing, such as being placed out of service or disqualified.

In addition, your operating privileges will also be suspended if a detectable amount of a restricted controlled substance is in your blood.

Will you submit to an evidentiary chemical test of your Blood (breath, blood, urine) ?  Yes  No

I certify that I have read the above information to Michael A. Kowalcuk,

who has been arrested for a violation of OWI 2nd 1ST, and have

provided him/her a copy of this form. He/She was identified by WI D/L.

Q85957A-0

(Citation Number)

9-3-17

0128

(Date and Time Signed)

a.m./p.m.

mT Pleasant RD

(Agency)

Ery #53

(Law Enforcement Officer)

WHEATON FRANCISCAN HEALTHCARE-ALL SAINTS FORM 951855  
LAW ENFORCEMENT REQUEST  
FOR WITHDRAWL OF EVIDENTIARY BLOOD

1. REQUEST BY LAW OFFICER FOR ALCOHOL OR DRUG ANALYSIS TEST

I state that I am a duly authorized law enforcement officer of (Department Name) 71. Place of PD  
Michael Kowalski

Number 3-11-88, and that I am presenting (Name)

DOB: 31 May 1968 under circumstances which under the laws of Wisconsin entitle a law enforcement officer to make requests and to issue commands relating to taking of specimens for purposes of obtaining evidence. Accordingly, I hereby request that a physician, registered nurse, medical technologist, physician assistant or other qualified employee of Wheaton Franciscan Healthcare-All Saints at

71. Name

(site) obtain specimens of:

Blood: yes  no  ; Urine: yes  no  ;

From this person and for the purpose of determining the specimens' contents of:

ALCOHOL: yes  no  ; DRUGS: yes  no  . (Please note request in appropriate blanks).

9/3/13

0131

Date

Time

Signature of Officer

2A. WRITTEN CONSENT TO ALCOHOL/DRUG ANALYSIS TEST

I hereby consent to provide a urine specimen or to withdrawl of a blood specimen from my body by a physician, registered nurse, medical technologist, physician assistant, or other designated staff member at WFH-AS. I understand that the purpose of obtaining this specimen is to determine the:

ALCOHOL

and/or DRUG

content thereof. (SPECIFY BY CHECKING APPROPRIATE ITEM(S).)

9/3/13

0133

Michael Kowalski

Date

Time

Signature of Test Subject

2B. VERBAL CONSENT

The test subject named above has verbally consented to withdrawal of blood in my presence.

\_\_\_\_\_  
Witness (Law Enforcement Officer)

\_\_\_\_\_  
Witness (WFH-AS staff member)

\_\_\_\_\_  
Witness (WFH-AS staff member)

3. TEST SUBJECT UNCONSCIOUS OR UNABLE TO UNDERSTAND

The above named test subject was unconscious or otherwise incapacitated when the blood alcohol was withdrawn.

\_\_\_\_\_  
Witness (Law Enforcement Officer)

\_\_\_\_\_  
Witness (WFH-AS staff member)

4. PATIENT REFUSES TO CONSENT TO DRUG ANALYSIS TEST

In accord with the laws of Wisconsin which apply to the present circumstances, I, a law enforcement officer who is authorized to do so, hereby command you to draw blood from the subject to be used to determine the content of alcohol, controlled substances and controlled substance analogs which are present in the blood.

\_\_\_\_\_  
Signature of Law Enforcement Officer

5. Kathy E. Pe  
\_\_\_\_\_  
Signature of WFH-AS staff member drawing blood

9/3/13

Date

0140

Time

PATIENT LABELS MUST BE PLACED HERE  
ON ALL PAGES (PARTS), SIDES OR  
FOLD-OUT (PANELS) THAT THIS  
BOX APPEARS ON.

Patient Name: Last: Kawalcuk Maiden: \_\_\_\_\_  
First: Michael Middle: A.  
Address: 5826 Sunset Blvd  
Date of Birth: 3-11-88 Sex: m Phone: 989-7865 SSN: 399-02-4611  
I authorize the use or disclosure of the above named patient's health information as described below:

## FROM:

Wheaton Franciscan Healthcare – All Saints  
3801 Spring Street  
Racine, WI 53405

Wheaton Franciscan Healthcare – All Saints  
1320 Wisconsin Avenue  
Racine, WI 53405

## OTHER:

## TO:

Name: Mt. Pleasant Police Dept.  
Address: 8811 Campus Dr  
City, State, Zip: Racine, WI 53406

## FOR THE PURPOSE OF: (Check all that apply.)

View Protected Health Information Only: Date 09/03/13 Time: 0700  
 Continued Care  Legal  Insurance  Personal Use  Other: \_\_\_\_\_

## INFORMATION TO BE VIEWED AND/OR DISCLOSED:

Date(s) of Service: 09/03/13  
 Record Abstract (two year history of pertinent information unless stated above)  
 Discharge Summary  History & Physical  Emergency Record  Operative Record  
 Lab Results, date or type: \_\_\_\_\_  
 Radiology Reports/Images, date or type: \_\_\_\_\_  
 Immunization Record  Other: \_\_\_\_\_

## PLEASE CHECK IF YOU DO NOT WANT THE FOLLOWING INFORMATION DISCLOSED:

HIV/AIDS (including test results)  Substance Abuse Record  Mental Health Treatment Records

I understand that the information in my health record may include information relating to mental health, drug and alcohol abuse, sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). I understand that if I refuse to authorize the disclosure of information, the information may not be released. I understand that HIV test results may be disclosed without my permission in certain circumstances and that a list of such circumstances is available to me upon request. I further understand that I have a right to receive a copy of any to be disclosed.

I further understand that I have a right to inspect or receive a copy of any health information used or disclosed. I understand that if I sign this authorization, I will be provided with a copy of this authorization upon request.

In support of your privacy, WFHC does not accept your blanket authorization to disclose Protected Health Information of treatment you have not yet received unless the authorization specifically requests release of information of further treatment of the condition treated in the originally requested episode. A new authorization will be required for each new episode of care.



Wheaton Franciscan Healthcare  
All Saints

951805  
01/2012 R9

PATIENT LABELS MUST BE PLACED HERE  
ON ALL PAGES (PARTS), SIDES OR  
FOLD-OUT (PANELS) THAT THIS  
BOX APPEARS ON.

I understand that if a recipient of the health information is not governed by federal and state confidentiality laws, the health information disclosed as a result of this authorization may be re-disclosed by the recipient and no longer be protected by such laws.

I understand that I have a right to revoke this authorization at any time. I can do so by submitting my revocation in writing to the Health Information Department. I understand that my revocation will not apply to information that has already been released in response to this authorization.

This authorization expires 365 days from the date this authorization is signed unless otherwise noted: MAK

This authorization is voluntary. Wheaton Franciscan Healthcare will not condition your treatment on this authorization.

A copy of this authorization is as valid as the original.

Signature of Patient or Authorized Representative 9/3/13 0502  
Signature of Patient or Authorized Representative Date Time

(If you are signing as a parent of the minor patient listed above, you are declaring that you have not been denied physical placement and/or parental rights of the child because such placement would endanger the child's physical, mental, or emotional health.)

**If signed by other than patient, indicate relationship or authority:**

Patient is:  a Minor  Incompetent  Deceased

I am:  Parent  Legal Guardian  Next of Kin of Deceased  Executor of Estate

POA for health care (activated)

Signature of Witness 9/3/13 0502  
Signature of Witness Date Time

If unable to sign document, give reason \_\_\_\_\_

NOTE: "This information has been disclosed to you from records protected by Federal Confidentiality rules (42 CFR part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient."

**OFFICE USE RELEASE LOG**

Identification Verified: CS (initials) Signature Verified: CS (initials)

Date: 9/3/13 Time: 0502

Route of Release:  Fax  Mail  Pick-up  Patient notified of applicable fees



Wheaton Franciscan Healthcare  
All Saints

951805  
01/2012 R9

Mt. Pleasant Police Department

**USE OF FORCE Form****PHYSICAL FORCE:**

Strike: Focus Strike

Decentralization Technique: Hug yourself

Compliance Holds: —

O.C. (Pepper Spray): —

Less Lethal: —

ECD: D

Baton: —

Customized Field: —

Customized Field: —

**Codes for All Listed Fields:**

(D) Deployed Successfully

(SU) Successful - Multiple Deployments

(N) Not Effective

(DR) Drive Stun Mode Effective

(T) Threat of Taser Effective

(TC) Threatened - Compliance Obtained

**VEHICLE FORCE:**

Ramming: —

Road Block: —

Tire Deflation Device: —

Other: —

**DEADLY FORCE:**

Handgun: —

Long Gun: —

Baton: —

Vehicle: —

Other: —

PHOTOS BY: SS3

DATE: 9 / 3 / 13

LOCATION: E. R.

COMP #: 13-20923

AGENCY: MT. PLEASANT POLICE DEPARTMENT

# NOTICE OF DETENTION



TO THE SHERIFF, et al  
RACINE COUNTY JAIL  
ON 9-3-13

Date

THIS IS TO CERTIFY THAT;

AT 0036 I, E. Grey  
Time Print Arresting Officer's Name

ARRESTED:

NAME - Last		First	Middle		Alias		
<u>Kowalcuk</u>		<u>Michael</u>	<u>A</u>				
Address		Apt.	City	State	Zip	Telephone (H)	
<u>5826 Sunset Blvd</u>		<u></u>	<u>Racine</u>	<u>WI</u>	<u>53406</u>		
DOB	Place of Birth	SS No.		Employer		Telephone (W)	
<u>3-11-88</u>							
Sex	Race	Hair	Eyes	Weight	Height	Complexion	M/S/D
<u>M</u>	<u>W</u>	<u>Bn</u>	<u>GRN</u>	<u>135</u>	<u>5'10</u>		
D.L. No. <u>K4225418 869104</u>							

IN THE:

City  Village  Town OF: MT Pleasant

I AM DETAINING THE ABOVE SUBJECT AT THE RACINE COUNTY JAIL ON THE FOLLOWING CHARGES IN LIEU OF:

Felony	Misd.	Muni.	# of Counts	Violation	<input type="checkbox"/> Domestic Abuse	<input type="checkbox"/> Party To	Statute / Ord.	NCIC #
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1</u>	<u>Failure to Lie / Offer</u>			<u>940.20 (2)</u>	
<input checked="" type="checkbox"/> BAIL IN THE AMOUNT OF \$ <u>500.00</u> PER COUNT <input type="checkbox"/> OR ALL COUNTS <input type="checkbox"/>							<input type="checkbox"/> WARRANT <input checked="" type="checkbox"/> FRESH ARREST <input type="checkbox"/> O.J. WARRANT FROM _____ Agency _____	
<input type="checkbox"/> DRIVERS LICENSE <input type="checkbox"/> HAS POSTED <input type="checkbox"/> MAY POST <input type="checkbox"/> 12 HOURS OR RESPONSIBLE PARTY - (OWI ONLY) <input type="checkbox"/> WITHOUT BAIL (WARRANT)								
Felony	Misd.	Muni.	# of Counts	Violation	<input type="checkbox"/> Domestic Abuse	<input type="checkbox"/> Party To	Statute / Ord.	NCIC #
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1</u>	<u>Resisting</u>			<u>946.41</u>	
<input checked="" type="checkbox"/> BAIL IN THE AMOUNT OF \$ <u>300</u> PER COUNT <input type="checkbox"/> OR ALL COUNTS <input type="checkbox"/>							<input type="checkbox"/> WARRANT <input checked="" type="checkbox"/> FRESH ARREST <input type="checkbox"/> O.J. WARRANT FROM _____ Agency _____	
<input type="checkbox"/> DRIVERS LICENSE <input type="checkbox"/> HAS POSTED <input type="checkbox"/> MAY POST <input type="checkbox"/> 12 HOURS OR RESPONSIBLE PARTY - (OWI ONLY) <input type="checkbox"/> WITHOUT BAIL (WARRANT)								
Felony	Misd.	Muni.	# of Counts	Violation	<input type="checkbox"/> Domestic Abuse	<input type="checkbox"/> Party To	Statute / Ord.	NCIC #
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1</u>	<u>Failure to Stop / Flee</u>			<u>346.04 (2t)</u>	
<input checked="" type="checkbox"/> BAIL IN THE AMOUNT OF \$ <u>500</u> PER COUNT <input type="checkbox"/> OR ALL COUNTS <input type="checkbox"/>							<input type="checkbox"/> WARRANT <input checked="" type="checkbox"/> FRESH ARREST <input type="checkbox"/> O.J. WARRANT FROM _____ Agency _____	
<input type="checkbox"/> DRIVERS LICENSE <input type="checkbox"/> HAS POSTED <input type="checkbox"/> MAY POST <input type="checkbox"/> 12 HOURS OR RESPONSIBLE PARTY - (OWI ONLY) <input type="checkbox"/> WITHOUT BAIL (WARRANT)								
Felony	Misd.	Muni.	# of Counts	Violation	<input type="checkbox"/> Domestic Abuse	<input type="checkbox"/> Party To	Statute / Ord.	NCIC #
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1</u>	<u>Ball Jump</u>			<u>946.44 (1)(a)</u>	
<input checked="" type="checkbox"/> BAIL IN THE AMOUNT OF \$ <u>1000.00</u> PER COUNT <input type="checkbox"/> OR ALL COUNTS <input type="checkbox"/>							<input type="checkbox"/> WARRANT <input checked="" type="checkbox"/> FRESH ARREST <input type="checkbox"/> O.J. WARRANT FROM _____ Agency _____	
<input type="checkbox"/> DRIVERS LICENSE <input type="checkbox"/> HAS POSTED <input type="checkbox"/> MAY POST <input type="checkbox"/> 12 HOURS OR RESPONSIBLE PARTY - (OWI ONLY) <input type="checkbox"/> WITHOUT BAIL (WARRANT)								

TO BE HELD UNTIL THE ABOVE CONDITION(S) ARE MET OR UNTIL THE SUBJECT APPEARS IN:

<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> CRIMINAL <input type="checkbox"/> TRAFFIC	717 Wisconsin Ave., Racine, WI 53403
<input type="checkbox"/> FAMILY <input type="checkbox"/> CIVIL <input type="checkbox"/> PROBATE	730 Wisconsin Ave., Racine, WI 53403
OR <input type="checkbox"/> MUNICIPAL COURT	<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village OF: _____ ADDRESS: _____

YOUR NEXT COURT DATE IS (UNLESS NOTIFIED BY THE COURT):

COURT DATE: <u>9-26-13</u>	TIME: <u>130 P</u>	CERTIFIED BY ME THIS <u>3rd</u> DAY OF <u>Sept</u> <u>2013</u>	
Complete all that apply:		<input type="checkbox"/> CITATION #: <u>13C20923 01a/b/c/d</u>	
<input checked="" type="checkbox"/> ARREST #: <u>13C20923 01a/b/c/d</u>		OFFICER'S SIGNATURE <u>E. Grey</u>	
<input type="checkbox"/> COURT CASE #: <u>13-20923</u>		AGENCY OF JURISDICTION: <u>MT Pleasant</u> PR#/BADGE# <u>#53</u>	
<input checked="" type="checkbox"/> COMPLAINT #: <u>13-20923</u>		RECEIVED BY: <u>OKT#9507</u>	
<input type="checkbox"/> WARRANT #:		DEPUTY / CORRECTION OFFICER _____	
<input type="checkbox"/> DA CASE #:		PR# _____	

\*\*\*NOTE: All Fresh Charges And Charges That Share A Bond Can Be Put On The Same Notice Of Detention.

RASO: ORIGINAL SIGNED COPY

DEFENDANT: COPY

ARRESTING AGENCY: COPY

RASO FORM

J-11 rev. 9/11

# Property Report

Property Number:	Case Number	Location:	Incident Date:
Name (Last, First, Middle)		DOB:	Race/Sex:
Address: (Address, City, State, Zip)			Home Phone Number:

## Details of Recovery

Recovered Location: (Address, City, State, Zip)		Recovery Date:
Found in Possession of:		Address: (Address, City, State, Zip)
<input type="checkbox"/> Evidence	Place Retained:	<input type="checkbox"/> Found Property

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Item#	Type	Reason
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1 Article Evidence

**Description:** Legal blood kit with Michael's blood

**Quan/Value:** 1.000 / \$1.00

**Disposition:** Sent To Property Room

2 Article Evidence

**Description:** Spent TASER cartridge with wires and probes used on deployment

**Quan/Value:** 1.000 / \$1.00

**Disposition:** Sent To Property Room

Reporting Officer:		Reviewed by:		Report Date
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## Disposition of Property

Release Date:	Proof of Ownership:	Signature of Officer Authorizing Release:
Owner - Agent Printed Name:		Owner - Address:
Signature of Owner - Agent:		Signature of Officer Releasing Property:
Case 2:19-cv-01230-JPS Filed 06/01/20 Page 36 of 37 Document 28-4		

# Property Report

Property Number:	Case Number	Location:	Incident Date:
Name (Last, First, Middle)		DOB:	Race/Sex:
Address: (Address, City, State, Zip)			Home Phone Number:

## Details of Recovery

Recovered Location: (Address, City, State, Zip)		Recovery Date:
Found in Possession of:		Address: (Address, City, State, Zip)
<input type="checkbox"/> Evidence	Place Retained:	<input type="checkbox"/> Found Property

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Item#	Type	Reason
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1        Article      Evidence  
**Description:** Squad video of incident  
**Quan/Value:** 1.000 / \$0.00  
**Disposition:** Sent To Property Room

Reporting Officer:		Reviewed by:		Report Date
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## Disposition of Property

Release Date:	Proof of Ownership:	Signature of Officer Authorizing Release:
Owner - Agent Printed Name:		Owner - Address:
Signature of Owner - Agent:		Signature of Officer Releasing Property:
Case 2:19-cv-01230-JPS Filed 06/01/20 Page 37 of 37 Document 28-4		